PRINTED: 06/04/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G119	B. WING		05/3	30/2018
	NAME OF PROVIDER OR SUPPLIER  WENDOVER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 631 OLD PARK ROAD MAIDEN, NC 28650		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W 00	00		
W 130		LIENTS RIGHTS )  ure the rights of all clients. must ensure privacy during	W 13	30		
	Based on observation failed to ensure the rig	not met as evidenced by: n and interview, the facility ght to privacy during ampled client (#1). The				
	revealed client #1 ent accompanied by staff this time revealed the closed, allowing pass assisting client #1 to t to the toilet. On-going removed client #1's p shoes and socks. Sta exit the bathroom at in items to the laundry a from client #1's bedro	. Continued observations at bathroom door was not fully ers-by to observe staff transfer from his wheelchair g observation revealed staff ants, incontinent brief, aff was further observed to intervals to take clothing irea, retrieve clean clothing om and an incontinent brief allway as the bathroom door				
W 247	disabilities profession verified staff should h		W 24	17		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED					
		34G119	B. WING _		0	5/30/2018				
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 631 OLD PARK ROAD MAIDEN, NC 28650						
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W 247	opportunities for clie self-management. This STANDARD is Based on observatinterview, the facility residing in the home provided opportunitimanagement relative findings are:  Observations in the 7:00 AM through 8: preparing grits, to as and orange juice in meal. Staff were als processor to process #2 and client #6. Exactivities completed from cabinet, getting refrigerator, putting stirring food items. revealed staff prepakitchen, placing item individual plate for efood and drink items observed assisting oppocessing or carryitable.  Review of the recons 5/30/18 revealed a gated 1/8/18 which	ram plan must include	W 2	47						
	assessment indicate independently pour	ed client #1 was able to from a small pitcher, himself from a bowl or platter								

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NAME OF P	ROVIDER OR SUPPLIER ER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 631 OLD PARK ROAD MAIDEN, NC 28650	•			
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W 247	( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 2	47				
	appropriate utensil independence.  Review of the recorrevealed a person of dated 4/10/18 which	dependence and using the for different foods with total d for client #6 on 5/30/18 centered plan plan (PCP) in included a current adaptive (ABI). Review of the ABI						

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W 247	was capable of pourir total independence, splatter with partial ind appropriate utensil for independence.  Interview with the quaprofessional (QIDP) of client's in the home with the preparation at structure verified all clies should be given the coindividual food choice.	a 3/23/18 indicated the client of from a small pitcher with erving self from a bowl or ependence and using the r different foods with partial alified intellectual disabilities on 5/30/18 confirmed that all there capable of assisting with ome level. This interview into the residing in the home importunity to exercise is, and to participate in all arration and service during	W 24	47			
W 249	each meal.		W 24	49			

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W 249	Client #4. For example client #4. For example 8:00 AM during the 18:00 AM during client #4 a plat bite size pieces. Clienthe fork provided by with no condiments onto his toast. Conting breakfast meal revent of assistance from 18:00 Am assistance from 19:00 Am assist	group home on 5/30/18 at preakfast meal revealed client grable and a staff member to grable and a staff member to grable and to staff to eat his cut up to estaff to eat his cut up to ast pread in ued observations during the aled client #4 to self feed with staff.  If for client #4 on 5/30/18 gentered plan (PCP) dated view of the PCP revealed a gective for client #4 to use a liments on bread being 85% consecutive progress  Italified intellectual disabilities on 5/30/18 verified client #4 fered a knife and a gentle his morning meal with to ast. Frified the client's dining spreading with a knife of assure sufficient ress the dining skill needs for	W 2	49				

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W 249	onto his toast and I spread the jelly ove was provided by strevealed client #5 to tear his waffle in mouth. Client #5 w toast whole without toast.  Review of the recorevealed a PCP dathe PCP revealed a lient #5 to cut with independent for two periods.  Interview with the C #5 should have been breakfast meal. The client's dining object knife remains a cure.  C. The team failed interventions to add client #6. For exame Observations in the 8:15 AM revealed of table. Staff was obshirt protector and client #6 his meal of plated on a divided Continued observations the grade of the plated on a divided Continued observations with Review of the records.	sobserved to squeeze jelly be verbally prompted by staff to be verbally staff. Continued observation of each his was further observed to eat his verbally over the verbally ov	W2	249				

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W 249	client #6 to set his plate objects (plate, cup, si independence for two periods. Additional revealed a self serve will serve himself out 95% independence for periods.  Interview with the QIE #6 should have been set his place setting a participate in self serve.	current program objective for ace setting using actual liverware) with 85% oconsecutive progress eview of program objectives objective indicating client #6 of his personal bowls with or two consecutive progress  OP on 5/30/18 verified client offered the opportunity to at the breakfast table and to wing his breakfast items to	W 2	249			
W 371			W	371			

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W 371	the medication admin was then observed to mg., Klonopin 1 mg., mg., Trileptal 300 mg Abilify 30 mg., Caltrai mg. and Miralax power observation of the medications from the staff did not provide of teaching related to the was taking, the purprescribed or any possible of the name of each medications and medications from the staff did not provide of teaching related to the was taking, the purprescribed or any possible of the name of each medication administration and the name of each medication and the manual medication and the medication and	assisted by staff to enter istration area. Client #1 oreceive Gabapentin 300 Colace 100 mg., Enalapril 5, Inderal LA 60 mg. ER, with vitamin D 600/400 der 17 grams. Continued edication administration for ff assisted client #1 to punch the bubble pack, however, elient #1 with information or ename of the medications rpose for which they were	W3	371			